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NJDHSS Communicable Disease Service Weekly Statewide Influenza Activity Summary

Week Ending December 30, 2005

Influenza level of activity: "SPORADIC ACTIVITY"

From September 20, 2005, to date, 515 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending December 30, 2005:

- Number of influenza A culture confirmed cases: One
- Number of influenza B culture confirmed cases: One

This is the fourteenth week of the 2005-06 influenza season in New Jersey. The NJDHSS Communicable Disease Service has not been notified of any influenza outbreak or increased activity in any health care facilities, nursing homes or schools throughout the state.

This week, rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 1.43% and 4.52% respectively. There is no rate for school absenteeism because all schools are closed for the holidays. Overall for the past four weeks, the surveillance parameters are still within the same baseline when compared with the same period last season.

Hospital laboratory surveillance for respiratory syncytial virus (RSV)(often clinically indistinguishable from influenza virus infection) remained stable this week. The monthly RSV summary has been updated. Of the 1109 RSV tests performed in the month of December, 345 were positive. We expect a steady increase in both numbers as we move further into the season.

A few of the county percentage parameters showed figures well above the total average (see 27Dec.05pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

From the analysis of all data collected this week from the ILI surveillance system, the level of influenza activity in the state of New Jersey remains at a level of “SPORADIC ACTIVITY”. This level of activity is comparable with the same period last season.

According to the CDC’s latest influenza weekly activity level report for week 50 (December 11 – December 17, 2005), the levels of influenza activity showed a steady increase mostly in the southwestern United States. One state reported widespread influenza activity; 5 states reported regional influenza activity; 2 states reported local influenza activity; 33 states, New York City and the District of Columbia reported sporadic influenza activity; while 9 states including New Jersey reported no influenza activity.

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Avian flu WHO update:

The Ministry of Health in Indonesia has confirmed two additional cases of human infection with the H5N1 Avian influenza virus. The first case occurred in an 8-year-old boy from Central Jakarta, while the second case occurred in a 39-year-old man from East Jakarta. Family members and close contacts were placed under observation, while investigations are being undertaken to determine the sources of the exposure. These newly confirmed cases bring the total number of human Avian influenza cases in Indonesia to 16. Of these cases, 11 were fatal. To date, the cumulative number of confirmed human cases of Avian influenza A/(H5N1) reported to WHO stands at 141 including 73 deaths. WHO reports only laboratory-confirmed cases. For more information go to: <http://www.who.int/csr/disease/influenza/en/>

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year’s flu season. Also test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- To obtain previous ILI reports: <http://nj.gov/health/fluinfo/index.html>
- <http://www.nj.gov/health/flu/preventflu.shtml>
- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>
- <http://www.cdc.gov/mmwr/>